

**Submission
No 10**

PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

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Ms Melanie Gibbons (MP)
Chair
Committee on Children and Young People
Parliament House
Macquarie Street
Sydney NSW 2000

RE: Inquiry into the prevention of youth suicide in New South Wales

Dear Ms Gibbons

Thank you for the opportunity to make a submission on this important topic. This submission from the University of New England (UNE) has been informed by academics and clinicians with expertise in the area of youth mental health and suicide prevention from the disciplines of Psychology, Social Work and Health, and the Humanities.

UNE has as strong reputation as an academic and research leader for issues related to regional and rural areas and supports research and academic rigour in the promotion and delivery of youth suicide prevention activities and programs for young people in NSW. Of particular interest are supports and interventions available to regional university and college residence students as well as secondary school students. How matters pertaining to suicide are described and reported in the local media is another area of consideration as this has such a strong impact on the behaviours of young people.

Whilst the focus of this submission is largely on the New England North West of NSW, the issues are comparable for all rural and regional areas of the state.

1. Current regional data

In 2015, 96 NSW young people aged between 15-24 years died by suicide (males 66: females 30: Standardised Mortality Rate (SMR) 9.8 per 100,000; there were 20 deaths of young people aged between 5-14 years in the period 2011 to 2015 (ABS, 2016). For Aboriginal young people aged 15-24 years, the SMR is 15 per 100,000 (ABS, 2016). The Hunter New England Local Health District had 139 suicide deaths (all ages) in 2015 at a SMR of 15.6 per 100,000 and since 2011 there has been a major upward trend of the rate for the Hunter New England Local Health District compared to the rest of NSW (NSW HealthStats).

It is difficult to estimate the rate of self-harm as less than 13% of young people who self-harm present for hospital treatment. Intentional self-harm hospitalisations for the Hunter New England and Central Coast Primary Health Network for 2015-2016 was about 620 per 100,000 for females aged 15-24 years, and about 250 per 100,000 for males aged 15-24 years (HealthStats, NSW, 2017).

2. Regional prevention programs

There are a number of organisations and services that support Youth Suicide Prevention across the state via online platforms (e.g., *Youth Beyond Blue*, *Mindmatters*, and *Reachout*). Locally, there are a few programs that promote positive mental health for young people aged 12-25 years that, in-turn, support youth suicide prevention. Examples include:

Batyr - a social enterprise that focuses on preventative education in the area of young people's mental health. Their programs train young people to speak about their personal experience with mental ill health and start a conversation in their community. Programs are run in schools and universities using young speakers with lived experience of mental ill health to engage, educate and empower other young people to reach out for support and engage with local mental health services <http://www.batyr.com.au/>

Mindzone - the overarching goal is to increase the understanding of mental health and mental ill-health amongst secondary school students, and contribute to their capacity to look after their own wellbeing through seeking help early and addressing any difficulties that arise in their school years. Mindzone was a pilot project conducted with Tamworth High School, and has been replicated by a number of other high schools in the New England / North West region. [http://mylink.hnehealth.nsw.gov.au/pluginfile.php/58962/mod_page/content/55/Programs%20and%20Products/Photo Gallery - Pilot Site - Tamworth High School.pdf](http://mylink.hnehealth.nsw.gov.au/pluginfile.php/58962/mod_page/content/55/Programs%20and%20Products/Photo%20Gallery%20-%20Pilot%20Site%20-%20Tamworth%20High%20School.pdf)

School Link - aims to improve the mental health and wellbeing of children and young people, and build collaborative partnerships between CAMHS, local schools and TAFE colleges. <http://www.hnekidshealth.nsw.gov.au/site/mentalhealth>

3. Regional services

The NENW has a variety of service agencies available for young people 12-25 years including: *Headspace* - in Tamworth with new services to be established in Armidale, Moree, Gunnedah and Narrabri with Centacare as the service provider. These new services are expected to be available within 12 months.

UNE - offers Student Counselling Services on campus and at the residential colleges, and the *UNE Psychology Clinic* based at the hospital precinct provides for more focused assessment and intervention with young people and adults.

Child and Adolescent Mental Health (ages 12-17) and Adult Mental Health (18+) - are available at a number of locations around the NENW.

While each of these services can offer intervention and support for young people with mental health issues and also presenting with suicide ideation, none offer a coordinated approach to youth suicide prevention by the way of program and activities.

4. Issues and opportunities

4.1 The expansion of *headspace* sites can provide improved access to youth specific services for young people with mental health needs, however, continued reliance on the *headspace* model does very little for children and young people in rural and regional areas. The *headspace* model relies mainly on existing services to provide clinical services and in rural/regional areas these are often non-existent, or are a considerable distance away and hence inaccessible for most young people.

A more efficacious model is to increase literacy around suicide by empowering others who are in contact with young people such as parents, schools, and youth organisations to better understand risk factors and warning signs associated with youth suicide so that these others are 'suicide aware' and 'support ready' as this is really the only way to reach young people who are having a hard time.

4.2 Health services still maintain considerable stigma with regards to young people who present as suicidal and/or have self-harmed. Hence reducing stigma in these services remains a major issue.

All contact by young people with medical services (e.g., GP, general health services, mental health services, hospital ED's) should be an opportunity to support young people regardless of the reason for their contact. Staff and services need continued education to provide appropriate and sensitive follow up particularly following any self-harm presentation regardless of how 'trivial' the health worker thinks it is.

4.3 Exposure to suicide, suicide attempts and self-harm of people connected to the young person such as family, friends, and classmates is a particular vulnerability that must be acknowledged and supported.

Postvention and follow-up services need to be available to such groups to help alleviate risks for mental health and own suicide risk. This can be assisted by services such as Standby but also other community-based services by broader consideration of their intake/service criteria.

4.4 Social media can often be considered a negative tool for use by young people as it may aid proliferation of negative responses to young people who may 'post' that they are depressed and/or feeling suicidal.

However, there are opportunities to use social media to monitor changes in behaviour of young people, use recognition technology to pick up on key-word prompts and provide help responses. Social media such as Facebook shows promise for young people in this regard as long as these responses are timely and appropriate. Better utilising online support/digital technology can also provide a method of contact for adolescents who do not have access to traditional face-to-face services. Such a process can also be used to encourage or facilitate contact with existing services when appropriate.

4.5 There is limited and haphazard research with healthcare professionals and the school system to monitor the mental and physical health needs of school-aged children and adolescents.

Through the use of regular survey techniques, researchers (in collaboration with health services and schools) could help identify clusters of negative and positive behaviours of young people as well as the progression of health issues over time. This can help to identify potential causal factors and also evaluate mental health programs. With up-to-date information, healthcare professionals are better able to provide targeted responses and programs that might be appropriate to different health issues. In turn, standardised and broad (state or country wide) data gathering allows for positive comparison and where improvements can be replicated from one area to another.

4.6 Schools tend to respond negatively to youth suicide and youth mental health/illness thus perpetuating stigma that can prevent young people seeking help.

Opportunities exist to better consider mental health training for teachers along with specific mental health resources that can support greater 'connection' between schools and their local community in the area of mental health and mental illness. There is also a need to ensure that programs and activities run in schools are evidenced based and/or contribute to an evidence base of effectiveness for suicide prevention and related mental health improvement.

4.7 There is a lack of early intervention approaches to young people and suicide prevention particularly in rural/regional areas. Yet, early intervention is a key strategy to prevent and reduce suicide and self-harm in young people.

It is considered that a focus on early intervention should provide support for children and young people to raise awareness of mental illness, suicide and self-harm, and help build resilience. In turn, there needs to be better support and treatment for young people with mental illness.

Online discussion forums for people with a lived experience of mental health issues help build a sense of community among people living with mental illness, or caring for someone with mental health issues, and help to combat the isolation experienced living in regional or rural areas. SANE Australia provides leadership in this area of developing online discussion forums for mental health.

The safe, anonymous, and moderated nature of the forums is especially valued by users, many of whom live in regional, rural, or remote areas where other support may be hard to access. Improved access, partnership and technology innovation could be used to provide youth-focused forums.

With the widespread use of smartphones and iPads in schools and homes, young people can now also access technology to tell their own stories on screen. Digital storytelling has the potential to raise awareness of mental health, combat stigma and encourage help-seeking behaviour. In New South Wales, the industry organisation Screenwave has recently partnered with Headspace Coffs Harbour to establish an initiative that combines filmmaking workshops in regional high schools (and, more recently, tertiary institutions including UNE) with a film competition, which sees finalists' films selected for a regional screening tour. Associated workshops and the festival screenings combine an introduction to filmmaking with mental health education, and help to build community and tackle stigma through the process of creating art. Screenwave is a small-scale operation, running workshops and screenings with only two permanent staff and a couple of casual employees.

This initiative demonstrates the untapped potential for combining filmmaking with mental health education for young people in regional areas. Evaluation and support of such models provides an excellent opportunity for early intervention.

4.8 For young people in rural and regional areas, social and geographical isolation can impede help-seeking and increase suicide risk. The arts can play a key role in breaking down stigma and fostering conversations about mental health issues and suicide prevention. For young people, screen media (film, television, and online media) pervade their everyday lives and thus these media are influential in shaping attitudes towards mental illness and suicide, which can either encourage or inhibit help-seeking behaviour.



Screen media can support suicide prevention strategies in regional and rural areas by using digital technologies to overcome distance and isolation.

Professional screen media such as features and short films, television productions including public broadcasters and online subscription services can all support young people's mental health. However, there are high-profile examples of the negative impact some screen media can portray about suicide for young people. The TV show *13 Reasons Why* resulted in increased internet searches about suicide and suicide methods with an outpouring of concern regarding the influence such television shows can have on already vulnerable individuals.

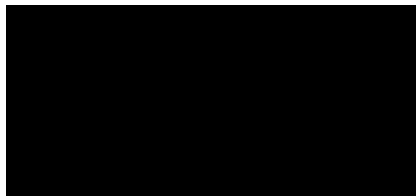
However, consideration needs to be given to the kinds of characters depicted in film and television who are ultimately relatable and sympathetic to viewers. Organisations such as the Hunter Institute of Mental Health help educate media professionals, including scriptwriters and screen producers,

about responsible portrayals of mental illness and suicide through the Mindframe National Media Initiative and associated media guidelines.

However, there has been little research to evaluate the effectiveness of these guidelines, which have not been updated since they were developed in 2007. Also the rapidly changing nature of screen media in the age of downloadable “binge-watching” content often means that online content providers ignore guidelines adhered to by public broadcasters and commercial networks in Australia. This provides opportunity for future research and policy development.

Once again, thank you for the opportunity to make this submission. Should the issues and associated opportunities to promote and develop better resources and responses to suicide and suicide risk with young people be operationalised, then UNE is well placed to evaluate and support such implementation. Should you wish to further discuss any of the material in this submission then please contact 


Yours sincerely



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Mindframe National Media Initiative, the Hunter Institute of Mental Health (Newcastle)

<https://www.himh.org.au/programs/mindframe>

<http://www.mindframe-media.info/>

Mindzone

[http://mylink.hnehealth.nsw.gov.au/pluginfile.php/58962/mod_page/content/55/Programs%20and%20Products/Photo Gallery - Pilot Site - Tamworth High School.pdf](http://mylink.hnehealth.nsw.gov.au/pluginfile.php/58962/mod_page/content/55/Programs%20and%20Products/Photo%20Gallery%20-%20Pilot%20Site%20-%20Tamworth%20High%20School.pdf)

REC Ya Shorts Youth Film Festival, Screenwave & Headspace (Coffs Harbour)

<http://screenwave.com.au/recyashorts/e>

SANE Forums (national): Research Bulletin

https://www.sane.org/images/PDFs/rb19_forums.pdf

School link

<http://www.hnekidshealth.nsw.gov.au/site/mentalhealth>